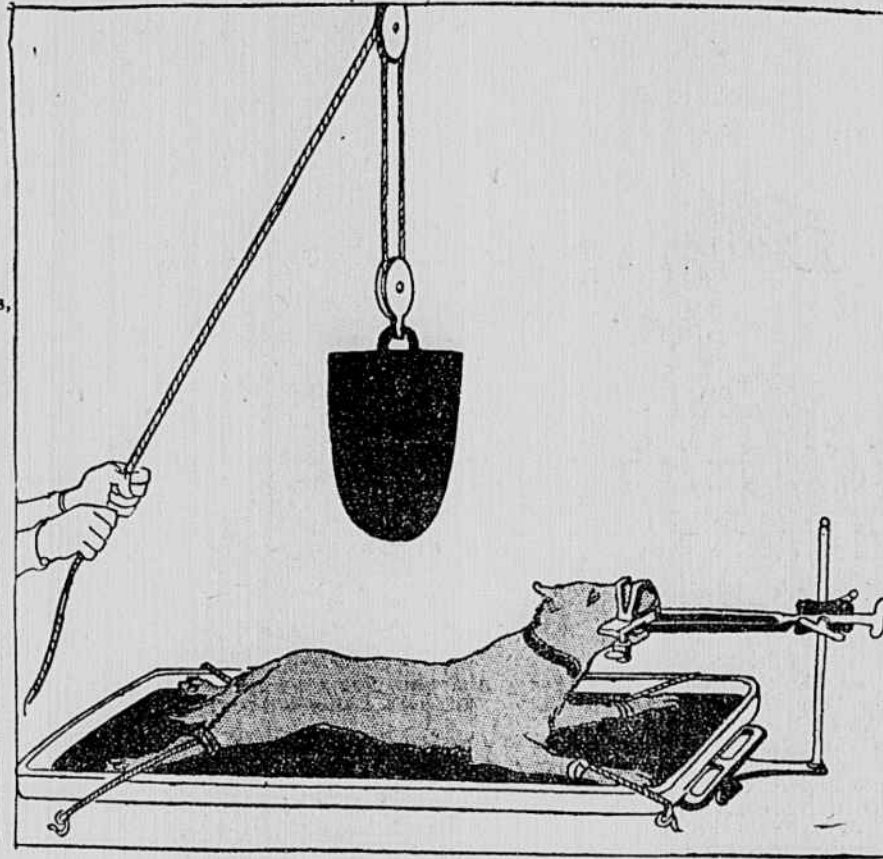
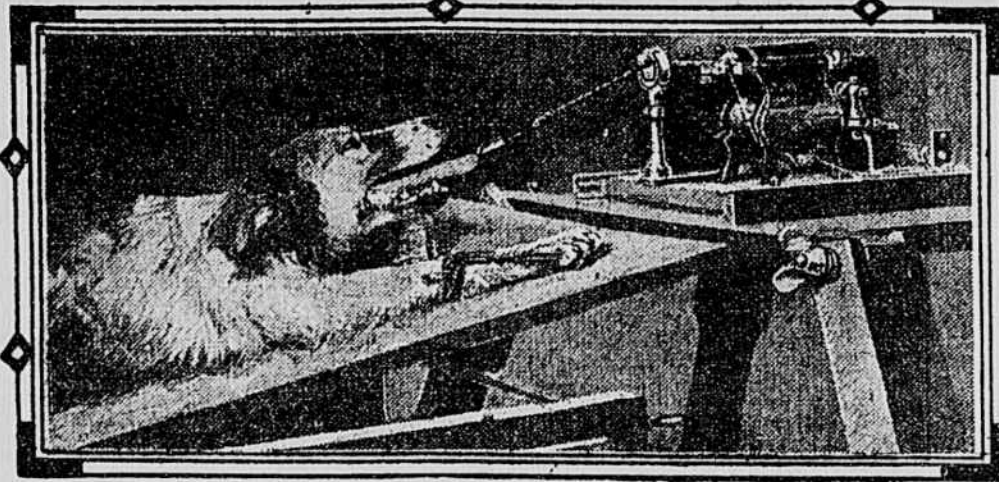


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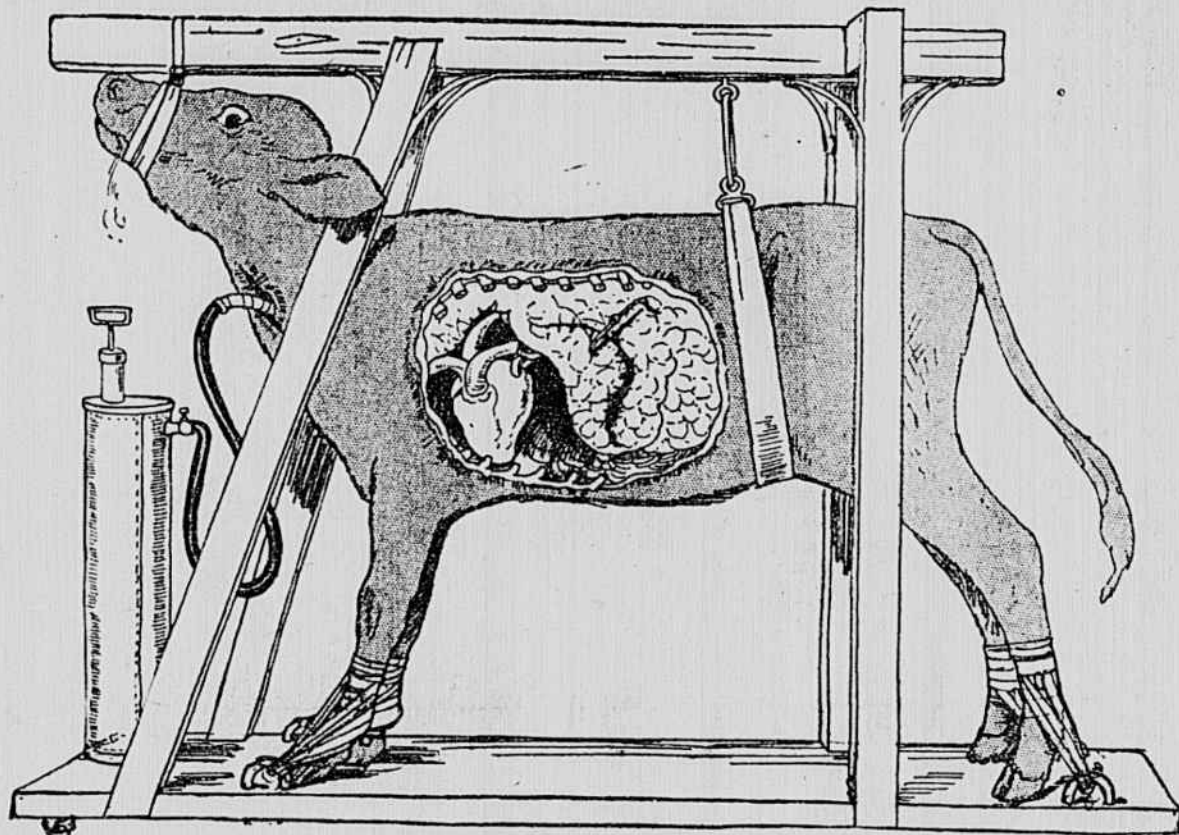
The Growing Revolt Against the Useless Cruelties of Vivisection

How the Discovery in Philadelphia of "Infernal Machines," Used for Breaking the Backs of Dogs and Torturing and Mutilating Them in "Scientific Experiments," Has Increased the Public Demand for a Sweeping Investigation.

Animals Are Continually Being Subjected to Intense Suffering by Scientific Workers, Who Are Seeking a Way to Resuscitate the Dead. Picture Shows the Device Used.



This Inhumane Device for Breaking the Backs of Animals Without Killing Them for the Purpose of Experimentation Was Used. It Is Claimed, by Certain Philadelphia Professors and Surgeons, and Formed One of the Principal Charges Upon Which They Are Now Awaiting Trial. The Presiding Judge Characterized It as an "Infernal Machine."



A Living Calf, Its Whole Chest Wall Cut Out to Expose Its Lungs and Heart, Is Used at Reputable Medical Colleges to Illustrate to Medical Students the Action of the Heart. When the Chest Wall Is Removed the Lungs Naturally Collapse. To Keep the Animal Alive, Therefore, It Is Necessary to Force Oxygen Into It by Means of a Pump. This Is Done Through a Pipe Inserted in the Trachea. It Is Claimed by Those Who Are Attacking the Abuse of Vivisection That This Experiment Repeated Year After Year Is Unnecessary, and That Students Should Be Instructed in the Action of the Heart in Some More Humane Manner.

In several other States, notably Massachusetts, New Jersey, Pennsylvania and Maryland, as also in the District of Columbia, organizations devoted to the same aims as the one I represent have been making a similar fight for a legal inquiry into the subject of vivisection.

The bills have been introduced by societies thoroughly in sympathy with vivisection, but opposed to its abuse. They are not, as has been claimed by those who have most strenuously opposed them, the work of anti-vivisectionists who were attempting thus to insert an entering wedge in the hope of securing the abolition of vivisection eventually.

To class these bills as anti-vivisection measures is unjust. We believe that vivisection, although inevitably accompanied by an enormous amount of suffering among our dumb animals, is justifiable if it is calculated to diminish suffering in the long run, but we believe also that such experiments should be conducted discriminatingly and by those only who are competent to perform them and from whose efforts some results of value may reasonably be expected.

At the next session of the Legislature our bill for the appointment of a commission to investigate the subject will again be presented. Similar bills no doubt will be presented in other States where organizations are conducting the fight along the same lines.

Let me state here some of the reasons why

every reader of this page should lend his or her support not only to the bills themselves, but to the principle which they are intended to enforce.

No stronger proof could possibly be given of the extreme danger of inflicting unnecessary cruelty and suffering upon animals in the practice of vivisection than is found in the rules recently adopted by the American Medical Association of the United States regulating the conduct of animal experimentation in laboratories. These rules are as follows:

I. Vagrant dogs and cats brought to this laboratory and purchased here shall be held at least as long as at the city pound and shall be returned to their owners if claimed and identified.

II. Animals in the laboratories shall receive every consideration for their bodily comfort; they shall be kindly treated, properly fed, and their surroundings kept in the best possible sanitary condition.

III. No operation on animals shall be made except with the sanction of the director of the laboratory, who holds himself responsible for the importance of the problem studied and for the procedure used in the solution of these problems.

IV. In any operation likely to cause greater discomfort than that attending anaesthetization, the animal shall first be rendered incapable of perceiving pain and shall be maintained in that condition until the operation is ended. Exceptions to this rule will be made by the director

alone, and then only when anaesthesia would defeat the object of the experiment. In such cases an anaesthetic shall be used so far as possible and may be discontinued so long as it is absolutely essential for the necessary observations.

V. At the conclusion of the experiment the animal shall be killed painlessly. Exceptions to the rule will be made only when the continuance of the animal's life is necessary to determine the result of the experiment. In that case the same aseptic precautions shall be observed during the operation and, so far as possible, the same care shall be taken to minimize discomforts during the convalescence as in a hospital for human beings.

These rules, it has been claimed in public hearings before our Legislature, are now posted in practically all the large laboratories where legitimate scientific vivisection is performed. It is also claimed by the medical profession that every effort is taken to enforce these regulations to prevent cruelty. This being the case the Society for the Prevention of Abuse in Animal Experimentation recently caused some of these rules to be framed in the form of an amendment to the penal code, which was drawn in such a way as to make the violation of these rules a misdemeanor, punishable by law. However, the insincerity of our opponents to all laws suggesting the reasonable regulation or restriction of the practice of vivisection was apparent when the representative of the Medical Society of the State of New York and other organizations which are responsible for the practice of vivisection united to oppose most strenuously the enactment into a law of the very rules above stated, which the medical association had determined to be necessary to prevent cruelty and had caused to be posted in all the laboratories under their control.

If it be true, as claimed by these learned gentlemen of the medical profession, that the enforcement of the above quoted rules in laboratories is necessary to prevent cruelty, then why should these gentlemen object to having these rules framed into a law which could be enforced by penalties of criminal punishment? Any opposition to this form of legislation is but another indication of that insincerity which, while denying the existence of any cruelty or wrong-doing, violently opposes either an investigation to verify their statement that there is no cruelty, or legislation which while protecting legitimate scientific research would make punishable the abuse which the existence of these rules concedes to exist.

In legislative hearings concerning the practice of vivisection and in the public press for many years an attempt has been made to confuse the issue. Each year lawmakers before whom these bills have come have been told that there are only two sets of advocates represented: Vivisectionists and anti-vivisectionists. That statement is unqualifiedly false. Do not be deceived by it.

There is a third party. It is composed of twelve thousand active citizens who thoroughly believe in the value of vivisection, but insist that its practice should be regulated by law. It is this party which has presented the bills in question.

Those who oppose our bills need waste no breath in telling us that vivisection is useful; we believe it. Spend no time in dwelling on its successes; we admit them. Let them confine their attention to a few straight questions:

Are they doing good honest work free from unnecessary cruelty?
Why are they afraid to prove this if it be true?
Why do they not welcome the opportunity to prove it?

We do not object to scientific research, we do object to any unnecessary cruelty or abuse of this research and to the useless repetition of the same old painful experiments simply to illustrate a lecture. We object also to schoolboy vivisection—although Dr. Conkley, one of the objectors from New York, at one of these hearings told the committee that he advocated vivisection by children—and vivisection in back yards and cellars. They say they will be accountable to no one, they will permit neither knowledge nor inquiry concerning this practice. They say it is and shall remain open alike to the expert and the incompetent, to the medical student, the hospital interne, the quack and the charlatan, and when we say "why must it so remain?" their answer, their one argument appears to be "you are anti-vivisectionists," which statement we say is a falsehood.

They have admitted that there is often necessary suffering in this practice, that there is intense suffering, torture, hideous suffering, but necessary to true scientific research. This suffering is justifiable by law only when it can be shown to be surrounded by every possible safeguard against license or abuse.

Is it so surrounded by all who practice vivisection?

If so, let them prove the conditions. With them rests the burden of proof, because suffering is inherent in the practice. We have their own admission of necessary cruelty or suffering. We say that the published records even of the Rockefeller Institute contain cases of suffering which call for inquiry. We say that the unexplained use of curare, in vivisection, is prima facie proof of abuse.

Is what they hide unnecessary cruelty or suffering?

Why do they oppose it?

The medical journals, some of their best and greatest men, say that many of the medical schools are grotesquely feeble and fatuous. The Board of Regents of the State of New York has just now refused license to practice medicine to two graduates of twenty-four of these schools. We object to a practice, necessary, difficult and justifiably painful, and in the sense cruel, being open, as our law, or rather lack of law, leaves vivisection open to every member of these and other similarly inadequate medical schools and to every quack or impostor holding a medical certificate in this entire State. We ask information as to the practice as it is carried on in such places and by such incompetents. They oppose the giving of any information on this subject.

Why do they oppose it?

That there is a large amount of this unprincipled and untrustworthy animal experimentation in the State is evident from the fact that there are for sale to the public with no guarantee of their purity—or safety—here to-day (I am advised by responsible druggists) between two and three thousand different kinds of serums, each claimed to be a cure for a different disease, and each the result of animal experimentation, most of them in private laboratories and many of them by irresponsible or unprincipled vivisectionists.

We are asking protection for the public against such an outrage. Vivisectionists, why do you unite to oppose restrictions which are merely aimed at such abuse?

Once more, gentlemen of the medical profession, why should you oppose the adoption here of something like the English law? Surely England—the country of Charles Darwin, Thomas Huxley, Tyndall and Lord Lister, four of the greatest experts of research of the century—with its unequalled medical colleges and hospitals, is far superior to us. You sent for an English surgeon, Sir Frederick Halkett, to study and advise how to improve the disgraceful condition of medical education in America. Four times since 1890 the \$10,000 Nobel prize for some distinguished discovery in research has been awarded to English scientific men and physicians in England—once only in this country, and then this last year to our visiting Frenchman, Dr. Carrel. For thirty-five years England has had a regulative law. A royal commission sitting for six years, after waiting all the testimony, has recently upheld that law. England favors vivisection duly safeguarded by law faithfully administered, and so do we.

Why should anyone oppose this law? What do they fear? Loss of money, loss of prestige? Surely not loss of opportunity for unnecessary cruelty!

Against unnecessary cruelty and against unnecessary abuse and nothing else we work. To prevent this abuse and this cruelty we ask the Legislature to appoint a commission to investigate to the end that the truth may be made clear and such abuse as may be found to be existing may be corrected by reasonable laws which may be recommended by the commission. We hope to secure it. We hope that some of the great halls of the Rockefeller Institute may be opened for its meetings and that Dr. Flexner or other of its staff may be members of the commission. We hope for honest men with no axes to grind, no facts to hide, no money to secure, who will work together for the public good, to take vivisection out of the mire of public distrust into which it has fallen by its abuse, and to place it high among the resources of honorable scientific research.

New Light On the Causes and Cure of the Drink Habit

THE drink habit, when it is not within the victim's control, is a disease, not a vice, and can be surely cured, according to Dr. J. W. Astley Cooper, in his new work on inebriety. Dr. Cooper is Medical Superintendent of Ghyllwood, the famous sanatorium of Cumberland, England. The occasional drinker, who makes merry once in a while on Saturday night, is dismissed from consideration at the start. If there is no inherited weakness they will never become slaves to alcohol. Therefore, they belong to the province of the reformer and the policeman, not the doctor.

The true victim of alcohol is marked for prey long before he tastes liquor. Such a person feels an uncontrollable need of the stimulant. If he feels it all the time he is a chronic drinker and consumes about the same amount each day. The periodic drunkard has either no inclination for alcohol most of the time or so small a desire that he can overcome it. At intervals of weeks or months there comes upon him an insatiable desire. This desire, according to Dr. Cooper, is clearly enough a form of explosive insanity and resembles epileptic attacks.

That these periodic attacks are not entirely a weakening of the will or even sometimes wholly in the nervous system, is proved by cases in the sanatorium. When a patient is confined and deprived of alcohol during one of these attacks, his bodily functions are altered. Not only his disposition becomes irritable, but his tongue grows furry,

his breath foul and his appetite weak. Liver, kidneys and stomach neglect their work and the patient will go to any lengths to secure the intoxicant.

At the end of the attack these organs spring into unusual activity, the irritation passes and with it the thirst and morbid desire.

Such persons are defective in moral sense and particularly lacking in responsibility. Responsibility is discomforting to them. This accounts for the otherwise inexplicable habit some drinkers have of being hopelessly intoxicated at exactly the wrong time.

At a crisis, instead of swearing off or merely taking enough to brace the nerves, these unfortunate become literally paralyzed. The sea captain who becomes drunk at the approach of a storm and the soldier who comes to court martial intoxicated, are examples.

The chronic inebriate who is used to a quart of whisky per day must not be deprived of his stimulant all at once. The first day his alcohol should be reduced 10 per cent; the second day 10 per cent more, reducing the amount to 80 per cent; the third day to 70 per cent; the fourth day to 60 per cent. Up to this point the patient has suffered only from a craving for alcohol. He misses his usual quantity, but he is able to sleep and eat about as well as usual.

In "tapering off" the alcohol to a degree less than 50 per cent, other symptoms appear. The patient is unable to sleep and his kidneys show disturbances and there is a loss of albumen. Therefore, on the fifth day, a sedative should be administered and the alcohol reduced to 25 per

cent. As the alcohol on the sixth day is reduced to 10 per cent, the sedative should be doubled, and on the seventh day no alcohol at all, but in its place a maximum dose of the sedative. From this point on the treatment consists in "tapering off" the sedative until the thirteenth day the patient should be taking neither alcohol nor any sedative.

Probably the best drug for toning the system after withdrawal are doses of a mixture containing pot. brom. 40 grains, ammon. carb. 3 grains, tr. capsic 75 minims, inf. cinchona acidi 1 ounce, every four hours. This helps the stomach to return to its normal state of ease and appetite.

All this comprises the first stage of the cure.

Whether or not, then, the first stage of the treatment of inebriety is carried out at home or in a special sanatorium, there is no doubt that the second stage is best carried out in such an institution where those in charge have a thorough knowledge, and, what is equally important, a profound interest in their work, apart altogether from its commercial standpoint. We venture to think that there is no abnormal condition to which man is subject, where the treatment calls for such untiring hope, energy, patience, sympathy, firmness and tact combined, as is the case in the treatment of inebriety, and unless those qualities are ingrained in the superintendent of an inebriate sanatorium, his work will suffer. It is work that he must do himself, and cannot constantly delegate to those under him.

We will suppose that the first stage of treatment has been duly carried out at home, or in an institution, and that the patient is now com-

mencing the second stage in the best possible environment of a well-situated and well-conducted sanatorium. We see nothing advantageous in the administration of a routine course of drug treatment to all and sundry, irrespective of their individual physical and mental symptoms. Speaking generally, we think that those drugs should be used which have been proved to alleviate or cure such organic or functional physical disorders as are obvious to the physician on the examination of the patient. We shall have occasion to refer again to the routine courses of drugs that are still being used in the treatment of inebriety. Of the utmost importance in the treatment of this stage are occupation and exercise; the life should be an outdoor one as far as possible, at all events a certain amount of outdoor exercise should be taken daily. Such exercise should be as congenial as possible to the patient, and preferably be both mental and physical. Golf, rackets, lawn tennis, croquet, bowls, are all excellent forms of exercise for such patients as we are now dealing with. If one particular exercise is unsuitable, another is thoroughly so, all providing interest as well as exercise, and insuring (especially golf) long periods being spent in the open. Hobbies of all sorts suitable to the patient's particular fancies should be encouraged, and the facilities for them should be provided in a good sanatorium. Indoor amusements and occupation should also be provided, a well-stocked library being a sine qua non in such an institution. A certain amount of work, preferably physical, should form part of the treatment; many patients will do such work if it is provided for them;

many will do no work, or anything that suggests work. We are of opinion that enforced work is of comparatively little value to the patient. Exercise, whether mental or physical, is of little real value unless it is done with a will and with intelligence; whereas forced work, while of some little value to the employer, is of even less value to the worker.

This is wonderfully exemplified in the use of dumb-bell exercises. Many people have used such a listless routine manner for months, or even years, without any, or with extremely little, result to their physical development. Sandow showed that this was so, and by the simple invention of his grip dumb-bell at once insured the mind of the patient being fixed on his work; the moment his mind wandered his grip relaxed, and he ceased to carry out his planned exercise. Work with GRIP dumb-bells at once gave results that were previously wanting in the majority of those who had mechanically used the ordinary dumb-bell.

Discipline is of great importance, but the utmost care is necessary in administering it. The majority of persons are suggestible to a greater or less degree, by which means they are capable of becoming impressed by repeated suggestions. Sometimes the psychic treatment of an inebriate is better administered under so-called "hypnotic influence." The mind must be influenced and restored to normal self-control, either while the patient is in a waking or in a hypnotic state. This is the real cure, and continuous care and treatment, sometimes extending over weeks and months, is necessary. But it is worth while,